

# Assisting consumers in self-medication: reflections on the role of support staff in community pharmacy

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## Introduction

In Portugal assisting self-medication in community pharmacies - by supplying non-prescription medicines (NPM) or assessing symptoms – involves pharmacists and support staff (technicians and assistants). There is a paucity of research on support staff roles.

## Aim

This paper, which is part of a larger study, reports the perceived roles of pharmacy staff in assisting consumers in self-medication.

## Design & Methods

**Case Study:** In-depth interviews at a purposively selected urban pharmacy with:

- One Pharmacist – Masters degree in pharmaceutical sciences (5 years program);
- One Pharmacy Technician – Degree in pharmacy (4 years program);
- Three Pharmacy Assistants – High school graduates with a 16 weeks practical oriented program.

Interviews were audiotaped and transcribed verbatim. Ethical approval was granted.

Qualitative study where the **Tripartite Model of Attitudes** guided the thematic framework, which categorizes responses to attitude objects into:

- **Cognitive** – Grounded in thoughts and conceptions about an attitude object and they can manifest themselves as verbal expressions of beliefs;
- **Affective** – Emotional evaluations and feelings either verbally expressed or detected as physiological reactions;
- **Behavioral** – Expressions of behavioral intentions or overt, observed acts [1].

Interviews were analyzed using the Framework Approach with the aid of NVIVO [2].

## Results

Both cognitive and affective dimensions were found

Relative to the **affective dimension**, pharmacy assistants felt:

- **Professional satisfaction about their role in self-medication** – “I feel very happy when I have a good dispensing interaction and the person returns and says yes, it worked, he/she feels better...”
- **Important to customer loyalty** – “...because of all the competition out there..., if you also have quality in serving customers they'll obviously seek that pharmacy...where they feel well, where they feel informed”.

Accounts on the role definition were associated mainly with the **cognitive dimension**.

**Role of pharmacists vs support staff** – All non-pharmacists except one argued that there was no distinction.

One pharmacy assistant overtly displayed a view that “I don't see why (a pharmacist) is needed”, whilst recognizing that a pharmacist could be consulted when in doubt about:

- **Posology;**
- **Interactions;**
- **Contraindications.**

“We can always ask an opinion when we are not sure about... how it should be taken, or if the person can use it with another (medicine)... or can the person use a medicine if he has a condition ...”

- This **consulting role** was echoed by the remaining interviewees.
- Another role assigned to the pharmacist by support staff was that of a **figure of authority** “I'm a pharmacy technician, my word means something, the word of a pharmacist means a lot more, isn't it? They trust a pharmacist more...”.
- The pharmacist added the ability to detect possible **adverse drug reactions** as an additional reason for his involvement “For example dry cough associated with an ACE inhibitor, technicians don't have that knowledge”.

## Discussion / Conclusion

Although the workflow in community pharmacy allows supervision by pharmacists, the apparent inexistence of structured mechanisms for in-pharmacy referrals has potential implications for practice and policy. Ensuring the quality of assisted self-medication by support staff may require standardization of training and agreement on situations that require in-pharmacy referral. To address these organizational adjustments it would be beneficial the adoption of a set of NPM quality management indicators guiding the process of change. A larger study is warranted to confirm this findings.

**References:** [1] Rosenberg M.J. and Hovland C.I. (1960) “Cognitive, affective, and behavioral components of attitudes” in *Attitude organization and change: An analysis of consistency among attitude components* (pp. 1-14), New Haven, CT: Yale University Press. [2] Pope C., Ziebland S. and Mays N. (2000) “Analysing qualitative data” *BMJ* **320**(7227), pp. 114-16.